



CITY OF SAINT PAUL - DEPARTMENT OF SAFETY AND INSPECTIONS
 375 Jackson Street, Suite 220
 Saint Paul, MN 55101-1806
 General Information: 651-266-9090 - Code Compliance Info: 651-266-9016 - Fax: 651-266-9124
 Visit our web site: www.stpaul.gov/dsi

FOLDER #
 (for office use only)

APPLICATION FOR CODE COMPLIANCE INSPECTION: VACANT, HAZARDOUS, & ABANDONED BUILDINGS

VACANT BUILDING ADDRESS _____

USE OF BUILDING (check one): **SINGLE FAMILY DWELLING** _____ **DUPLEX** _____

OWNER _____ DAY TIME PHONE (____) _____

ADDRESS _____ FAX (____) _____

CITY _____ STATE _____ ZIP CODE _____

E-MAIL ADDRESS _____

Your inspection will be conducted sooner if all necessary entry keys are provided on site in a lock box.

Lock Box Combination: _____ **Send report by (check one):** Mail _____ E-mail _____

Affidavit of Owner

I hereby certify that the above information and answers are correct and that I am the legal owner of the premises at the above location. I understand that all items listed on the inspection report must be corrected within six months and; where applicable (Category III Building), a \$5,000.00 performance deposit (cash or bond) must be made before a permit will be issued. **It may be possible to get an additional six (6) months to complete the project, if work is proceeding expeditiously and is more than 50% complete or if unforeseen conditions have had a significant schedule impact on the completion of work.**

I also understand that this property shall not be occupied until all code deficiencies are corrected and written authorization to occupy is obtained.

CATEGORY INFORMATION

Make Checks Payable to the City of Saint Paul

☐

#2

☐

#3

Code Compliance

Code Compliance

Inspection Report

Inspection Report

Permits + Sign-Off

\$5,000.00 Performance
Deposit (cash or bond)

Remove Boards

Permits + Sign Off

C of O or Certificate
of Code Compliance

C of O or Certificate
of Code Compliance

Fees Effective: 07/07/2008

\$426.00 Single Family Dwelling

\$533.00 Duplex

I understand that a re-inspection fee may be applied if the inspector is unable to access all areas of the building during the pre-arranged inspection or if the building is not cleaned out, secured and sanitary.

Signature of Owner

IF PAYING BY CREDIT CARD PLEASE COMPLETE THE FOLLOWING INFORMATION:



☐ American Express ☐ Discover ☐ MasterCard ☐ Visa

Expiration Date: _____ **Account Number:** _____ **Amount: \$** _____

_____/____/____ - ____ - ____ - ____ - ____ - ____ - ____ - ____

Signature of Card Holder (required for all charges)

Date